MULTIPLE DEPENDENT CLAIM								SERIAL NO. FILING DATE						
FEE CALCYIX ATION SHEET								10/2/27/1				LICING DATE		
(FOR USE \ H FORM PTO-875)									VT(S,	<i>7/ //</i>				
							CT ATM							
	10.		AF	TER	AF	TER	CLAIM	13						
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CLAIMS	4		0					TOTAL CLAIMS						
PTO - 1360	/ (REV. 11/04)								U.	S. DEPARTM	ENT of COM	MERCE		